DEPARTMENT OF VETERANS AFFAIRS
VA St. Louis Health Care System
915 North Grand Blvd
St. Louis, MO 63106-4199
(314) 652-4100

VA SOCIAL WORK INTERNSHIP APPLICATION ACADEMIC YEAR 16-17

Name	
Street Address	
City State Zip Code	
Home Phone	
Cell Phone	
Alternative Phone	
E-mail Address	
University	

1. How did you learn of potential practicum opportunities at the VA St. Louis Health Care System?

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_____

2. Have you completed a previous practicum or internship, if so, when and where?

_____
_____
_____

3. Do you have any specific goals that you would like to accomplish during your practicum?

_____
_____
_____

4. What schedule do you anticipate working during an internship, such as days of the week and hours? Are you able to work three or four successive standard work days such as Monday-Wednesday or Thursday 0730-1600 or Tuesday - Friday 0730-1600?

_____
_____

VA Social Work Internship KSAs

On a separate sheet of paper, please summarize your current Knowledge, Skills and Abilities (KSAs) in these areas:

1. Share experiences or familiarity you may have with completing psychosocial assessments, developing and implementing treatment plans, and working collaboratively in a multidisciplinary treatment team setting.

2. Describe your education and experience in developing and advocating for solutions.

3. Tell us about your training and experience working with clients from various demographics including age, faith, environment, culture, race or ethnicity, gender, socioeconomic status or veteran status.

4. Describe your current skills in the use of computer software applications.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth herein are true and accurate. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in dismissal.

Printed Name	
Signature and Date	

Required Application Documents

Submit these documents by mail or in person to the address below during the open application period.

- Completed application
- Listed KSAs
- Current résumé
- Current transcript
- Graduate or professional writing sample
- Faculty reference form

Mailing Address:
Ms Barbara G. Alexander
VA St. Louis Health Care System
Social Work Service
Mailbox 122-JC
915 North Grand Boulevard
St. Louis, Missouri 63106

Physical Address:
Ms Barbara Alexander
VA St. Louis Health Care System
Social Work Service
Room DB 02
915 North Grand Boulevard
St. Louis, Missouri 63106